

Best Available Copy

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <b>09/700479</b>	FILING DATE		
						APPLICANT(S)			
CLAIMS									
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
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3	2		1			53			
4	2		1			54			
5	0		1			55			
6	0		1			56			
7	1		1			57			
8	1		1			58			
9	1		1			59			
0	2		1			60			
1	2		1			61			
2	4		1			62			
3	4		1			63			
4	1		1			64			
5	1		1			65			
6	2		1			66			
7	2		1			67			
8	1		1			68			
9	1		1			69			
0	2		1			70			
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